



RESIDENTIAL POND CREDIT APPLICATION

PLEASE CHECK TYPE OF POND (check one):

- ☐ PRIVATELY-OWNED OR MULTI-OWNED RESIDENTIAL POND
☐ SUBDIVISION POND

I. POND LOCATION

SUBDIVISION: _____
(IF APPLICABLE)

AUTHORIZED
CONTACT: _____

PHYSICAL
LOCATION: _____
STREET ADDRESS OR NEAREST CROSS STREETS CITY

II. APPLICANT INFORMATION

PROPERTY
OWNER: _____
NAME (LAST, FIRST)

PROPERTY
ADDRESS: _____
STREET ADDRESS CITY ZIP

MAILING
ADDRESS: _____
(IF DIFFERENT) STREET ADDRESS CITY ZIP

PHONE FAX

I HEREBY REQUEST COLUMBIA COUNTY TO REVIEW THIS APPLICATION FOR A STORMWATER SERVICE FEE CREDIT. I FURTHER AUTHORIZE COLUMBIA COUNTY TO INSPECT THE ABOVE IDENTIFIED STORMWATER FACILITY(IES) FOR THE PURPOSE OF ASSESSMENT FOR A STORMWATER SERVICE FEE CREDIT. I CERTIFY THAT I HAVE AUTHORITY TO MAKE SUCH A REQUEST AND GRANT SUCH AUTHORITY FOR THIS PROPERTY. THE ATTACHED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. (THIS FORM MUST BE SIGNED BY THE FINANCIALLY RESPONSIBLE PERSON IF AN INDIVIDUAL, OR IF NOT AN INDIVIDUAL BY AN OFFICER, DIRECTOR, PARTNER, OR REGISTERED AGENT WITH AUTHORITY TO EXECUTE INSTRUMENTS FOR THE FINANCIALLY RESPONSIBLE PERSON). I AGREE TO PROVIDE CORRECTED INFORMATION SHOULD THERE BE ANY CHANGE IN THE INFORMATION PROVIDED HEREIN.

TYPE OR PRINT NAME

SIGNATURE DATE

ONCE THIS APPLICATION HAS BEEN FILLED OUT AND SIGNED, MAIL TO:
COLUMBIA COUNTY STORMWATER UTILITY DEPARTMENT
PO BOX 204660
MARTINEZ, GA 30917

OR FAX (706) 868-3473

CONTACT THE STORMWATER UTILITY DEPARTMENT AT (706) 855-RAIN (7246) IF YOU HAVE ANY QUESTIONS